



PTO/SB/22 (10-08)

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DPN

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		4781.1077
Application Number 10/571,184		Filed July 17, 2006
For MUCOACTIVE AGENTS FOR TREATING A PULMONARY DISEASE		
Art Unit 1623		Examiner Eric OLSON
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	03/09/2009 NNGUYEN1 00000037 10571184	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	01 FC:1251 130.00 OP	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0552</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the	<input type="checkbox"/> applicant/inventor.	
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).	
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,886</u>	
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
<u>Sunil Raval</u> Signature		March 5, 2009
Sunil Raval Typed or printed name		Date
		(212) 736-1940
		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Mail Stop: AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450



Docket No.: 4781.1077
 Date: March 5, 2009

In re application of: **David MORTON et al.**
 Serial No.: 10/571,184
 Filed: July 17, 2006 as national phase of International Patent Application PCT/GB2004/003932, filed September 15, 2004
 For: **MUCOACTIVE AGENTS FOR TREATING A PULMONARY DISEASE**

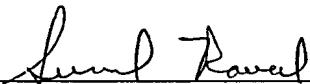
Sir:

Transmitted herewith is **Response to Non-Final Office Action (19 pages)** in the above-identified application.

- Also transmitted herewith are:
 - Petition for extension under 37 C.F.R. 1.136
 - Return receipt postcard
 - Other:

- Check(s) in the amount of \$ 130.00 is/are attached to cover:
 - Filing fee for additional claims under 37 C.F.R. 1.16
 - Petition fee for extension under 37 C.F.R. 1.136
 - Fee set forth in 37 C.F.R. §1.17(p)
 - Other:

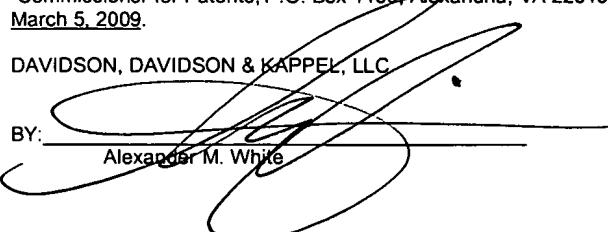
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 - Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 - Any patent application processing fees under 37 C.F.R. 1.17.
 - Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 C.F.R. 1.136.


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I hereby certify that the documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "First Class Mail" with sufficient postage in an envelope addressed to Mail Stop: AMENDMENT, "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on March 5, 2009.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 
 Alexander M. White